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Confirmation No. 6255

PTO/SB/21 (03-03)

Approved for use through 04/30/2003, OMB 0651-0031
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/635,433	RECEIVED CENTRAL FAX CENTER MAY 12 2004
	Filing Date	August 10, 2000	
	First Named Inventor	Mark C. Noc	
	Art Unit	1624	
	Examiner Name	Thomas C. MacKenzie	
Total Number of Pages in This Submission	19	Attorney Docket Number	PC10491A

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to a Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Associate Power of Attorney Change of Correspondence Address Form
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual	Todd M. Crissey Reg. No. 37,807
Signature	<i>Todd M. Crissey</i>
Date	5-12-04

CERTIFICATE OF TRANSMISSION/MAILING	
In hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: May 12, 2004	
Typed or printed	Cindy Malocha
Signature	<i>Cindy Malocha</i>
Date	5-12-04

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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USPTO Fax No. 703-872-9306

PTO/SB/17 (10-03)

Approved for use through 07/31/2006. OMB 0651-0032
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**FEE TRANSMITTAL
for FY 2004**

Effective 10/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$ 220.00)**Complete if Known**

Application Number	09/635,433
Filing Date	August 10, 2000
First Named Inventor	Mark C. Noe
Examiner Name	Thomas C. MacKenzie
Art Unit	1624
Attorney Docket No.	PC10491A

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None☒ Deposit Account:

Deposit Account Number	Warner-Lambert Company LLC
Deposit Account Name	23-0455

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments☒ Charge any additional fee(s) or any underpayment of fee(s)☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1001	770	2001	385	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

SUBTOTAL (1) (\$ 0.00)**2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

Total Claims		Extra Claims		Fee from below		Fee Paid	
Independent	0	-20**	=	0	X	18.00	= 0.00
Multiple Dependent	0	-3**	=	0	X	86.00	= 0.00

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1202	18	2202	9	Claims in excess of 20	
1201	86	2201	43	Independent claims in excess of 3	
1203	290	2203	145	Multiple dependent claim, if not paid	
1204	86	2204	43	** Reissue independent claims over original patent	
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) (\$ 0.00)

**or number previously paid, if greater. For Reissues, see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for <i>ex parte</i> reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	110.00
1251	110	2251	55	Extension for reply within first month	
1252	420	2252	210	Extension for reply within second month	
1253	950	2253	475	Extension for reply within third month	
1254	1,480	2254	740	Extension for reply within fourth month	
1255	2,010	2255	1,005	Extension for reply within fifth month	
1401	330	2401	165	Notice of Appeal	
1402	330	2402	165	Filing a brief in support of an appeal	
1403	290	2403	145	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,330	2453	665	Petition to revive - unintentional	
1501	1,330	2501	665	Utility issue fee (or reissue)	
1502	480	2502	240	Design issue fee	
1503	640	2503	320	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1808	180	1808	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	770	2809	385	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	770	2810	385	For each additional invention to be examined (37 CFR 1.129(b))	
1801	770	2801	385	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	110.00

Other fee (specify) Terminal Disclaimer

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 220.00)**SUBMITTED BY**

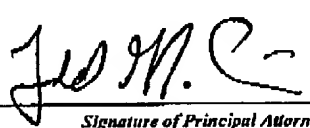
Name (Print/Type)	Todd M. Crissey	Registration No. (Attorney/Agent)	37,807	Telephone	734-622-7813
Signature	<i>Todd M. Crissey</i>	Date	May 12, 2004		

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Customer No. 28880

Confirmation No. 6255

Associate Power of Attorney Or Agent (37 CFR 1.34) (For Representation Related To A Patent Application)			Docket No. PC10491A
In Re Application Of: Mark C. Noe, et al.			
Serial No. 09/635,433	Filing Date August 10, 2000	Examiner Thomas C. McKenzie	Group Art 1624
Invention: SELECTIVE INHIBITION OF AGGRECANASE IN OSTEOARTHRITIS TREATMENT			
<u>TO THE ASSISTANT COMMISSIONER FOR PATENTS:</u>			
Please recognize the following as <input checked="" type="checkbox"/> Associate Attorney <input type="checkbox"/> Associate Agent in this application.			
Name: Eric J. Baude			
Reg. No.: 47,413			
Address: Pfizer Inc. 2800 Plymouth Road Ann Arbor, Michigan 48105			
Tel. No. 734-622-2095			
<div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="text-align: center;"> <i>Signature of Principal Attorney or Agent of Record</i></div><div style="text-align: right;">Dated: May 12, 2004</div></div>			
<div style="border: 1px solid black; padding: 5px;">Todd M. Crissey Registration No. 37,807 Pfizer Inc. 2800 Plymouth Road Ann Arbor, Michigan 48105 Telephone: (734) 622-7813 Facsimile: (734) 622-1553</div> <p style="font-size: small; margin-top: 5px;"><i>Registration Number & Address of Principal Attorney or Agent of Record</i></p>		<div style="border: 1px solid black; padding: 5px;"><p style="font-size: small;">I certify that this document is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.</p><div style="border-top: 1px solid black; height: 20px; margin-top: 10px;"></div><p style="text-align: center; font-size: small;"><i>Signature of Person Mailing Correspondence</i></p><div style="border-top: 1px solid black; height: 20px; margin-top: 10px;"></div><p style="text-align: center; font-size: small;"><i>Typed or Printed Name of Person Mailing Correspondence</i></p></div>	